

REQUEST FOR COPY OF **DEATH** **FETAL DEATH** **BIRTH RESULTING IN STILLBIRTH**

WARNING: False application for a death certificate is a felony offence. If applying by mail signature of applicant must be NOTARIZED or this form must be accompanied by a copy of a VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.

Date	Enclosed \$ _____ (amount) in _____ (form of payment) for _____ (number of copies)
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I. Decedent (Person on Certificate or new name if amended)			State File Number
Name of Deceased (First, Middle, Last)		Date of Death	Sex
Social Security Number		Are Copies to be Used for US Gov't Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notary Stamp Here
If Yes, List Each Type of Claim			
Place of Death - Hospital or Residence (City, County, State)			

II. Applicant (Person Making Request) <small>Print Plainly - Return Address</small>	Credit/Debit Card <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Exp. Date MM/YY	State of _____ County of _____ On this _____ day of _____, 20____ before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document. Notary Signature _____ My Commission Expires _____
	Your Signature		
	Your Name		
	Your Mailing Address (Number & Street)		
	(Town, State, Zip Code)		
Relationship to Registrant (e.g. parent, attorney, etc.)	Reason for Request	Phone Number (Required)	

PARTICIPATING OFFICE LOCATIONS

Requests for certified copies of death events that occurred prior to 2008 must be requested from the State Office of Vital Records, requests for certified copies beginning 2008 to present can be obtained from a County Office or the State Office. Please note payment types accepted at office locations: Cash (C) - in person only, Money Order (MO), Personal Checks (PC), Credit Cards (CC), Debit Cards (DC).

NOTE: THE STATE OFFICE OF VITAL RECORDS DOES NOT ACCEPT PERSONAL CHECKS (PC)

Apache County Health Department 75 W. Cleveland St. Johns, AZ 85936 928-337-7525 (MO) only Requests by mail only	Cochise County Health Department 1415 W. Melody Ln., Bldg. A Bisbee, AZ 85603 (520) 432-9400 (C) (MO)	Cochise County Health Department 4115 E. Foothills Drive Sierra Vista, AZ 85635 (520) 803-3900 (C) (MO)
Coconino County Health Department 2500 N. Fort Valley Rd., Bldg. 3 Flagstaff, AZ 86001 (928) 226-2715 (C) (MO) (PC) (CC)	Gila County Health Department 5515 S. Apache Ave. Suite 300 Globe, Arizona 85501 928-425-8811 (C), (MO), (PC)	Graham County Health Department 826 W. Main Safford, AZ 85546 (928) 428-0110 (C) (MO) (PC)
Maricopa County Office of Vital Registration 3221 N. 16th St., Suite 100 Phoenix, AZ 85016 (602) 506-6805 (C) (MO) (PC) (CC) <i>Mail to: PO Box 2111 Phoenix, AZ 85001</i>	Navajo County Health Department 117 E. Buffalo St. Holbrook, AZ 86025 (928) 524-4750 (C) (MO) (PC)	Pima County Health Department Vital Records Office 3950 S. Country Club Road Ste. 100 Tucson, AZ 85714 (520) 243-7930 (C) (MO) (PC) (CC) (DC)
Pinal County Health Department 500 S. Central Ave. Florence, AZ 85232 (520) 866-7318 / (800) 231-8499 (C) (MO) (PC) <i>Mail to: PO Box 2945 Florence, AZ 85232</i>	State Office of Vital Records 1818 W. Adams St. Phoenix, AZ 85007 (602) 364-1300 (C) (MO) (CC) (DC) <i>Mail to: PO Box 3887 Phoenix, AZ 85030</i>	Yavapai County Health Department 1090 Commerce Prescott, AZ 86305 (928) 771-3125 (C) (MO) (PC)
Yuma County Health Services Vital Records Department 2200 W. 28th Street Yuma, AZ 85364 (928) 317-4530 (C) (MO)		